

P 42E

App. F. 1X-4

1927-28

File No. 3-25

Previous References

(Sany)

Serial Nos. 182

Later References

P.H. Def. 133/39.
" 121-39, 121-4
" 117-39, " 2-3

Preserved
✓

General and Revenue Secretariat. "Preserved"

Serial Nos 200

Part B for May 1928

SUBJECT

Rules for district & health officers
and Medical ~~officers~~ and Sanitary
officers.

Sl no 2.

To
The Sanitary Commissioner
The D.C. of district.
The Presidents of the
H. Boards
The Comptroller to Govt

G.O. No G. 12618-35 of 11.5.28

Approves of the rules defining the duties of
the district Health officers & the district
& Sanitary officers.
m

Jan 7748

1.02.110
9/2/27
G.R.S. III-3]

Routine Notes.

[To be used only for notes, requisitions, etc., not intended for permanent record.]

Re. St Board & Villages
Panchayats are independent
It seems need to define
in some detail the functions
of the Health Officer &
to indicate who should perform
these functions in Districts
when there are no Health
Officers

see
12/3

4) Draft subd. regarding 15 para 7 of the
Imp. Res. no. 27234/Jan 3-26-27 of 7.1.27.
28/3/23 the basis is to the District Health
Officer in the districts where there
are no whole time Health offrs

3) for perusal
before issue

see
24/3
Geekees)

RJ
27/3.

W. 28/3/23
27/3

N.B.—Should routine notes be written on small slips,
the notes must be copied, or slips pasted on
this form.

To the Sanitary Comm.
no. 910677 of 1.6.1927.
Calls for rules about duties
of the Comm.

7-68

[To be used only for notes, requisitions, etc., not intended for permanent record.]

11/11/11

6/ Jan -
Intro M.T.S.
11/7/79

June 12th of 1957

Adapted from "The Art of War"
by Sun Tzu
1908

A. J. S. 21/6

For the work
done
2015/17

Jan 20, 1927

V.B.—Should routine notes be written on small slips, the notes must be copied, or slips pasted on this form.

General and Revenue
Secretariat.File No. San 3 of 1927.

③

Serial
No.

1

From the Sanitary Commission.
no C. 80 9-2 of 9.7.1927

Forwards draft rules defining the
functions of District Sanitary &
S.M. & J. Officers.

9/ Submitted. Two sets of rules
have been framed & submitted
one for the whole time District
Officers & the other for District Medical
& Sanitary Officers. ^{by Sanitary} The duties of the whole
time Health Officer are more than those
of the ex-officio Health Officer. Though
this looks all right, it does not seem
to work well because the rules for the
ex-officio Officers do not provide for
such important duties as those noted
below:—

1. Supervision of Vaccination
2. Sanitation in Jathas
3. Selection of sites for village extension
4. Health propaganda work.
5. Supervision of Health propaganda
6. Submissions of the reports ^{work} & returns.

Some of these might perhaps be attended
to by Jathas but the draft rules
do not say definitely how they
should be attended to.

delay

NOTE—Contn. sheet

10/

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(10) In regard ~~establishment~~ to
 J.A. the Sancom states that
 half the J.A. of the whole time officer
 should be borne by the J.A. ~~but~~
 The Sancom has been written to
 separately (in connection with the dis-
 cussion ~~also~~ with the Sancom by the
 fish men (Devan) to consult the
 J.A. Boards as to whether they are
 appreciable to the J.A. when the
 Health Officers are engaged on J.A. Board
 work. The receipt of the reply thereon
 may be awaited, if appd.

(11) In regard to establishment, the
 J.A. Boards are proposed to meet and
 pay of a ~~per~~ clerk to him of the
 ex-officio Health Officers. The pay of the
 whole time Health Officer is being met
 from State funds.

(12) Sub for advs. A copy of the rule
 102 ~~previously~~ ^{previously} in force is put up
 24/7/27

(13) The opinions of the President
 West. Board may perhaps be invited
 on the proposals of the Sancom.
 The consideration of the question can
 afford to wait ^{all} the appointment of full time

NOTE—Contn. sheet

287

8

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was. Secretary officers.
(Secretary)

WS
28/7

963
30/7

Ref The proposals of the San? c? appear to
me to be generally satisfactory except that St. Med. Officers
who are also St. San? Officers should be required to give
greater attention to San? work than what is proposed by the
San? Surgeon. I think it will take a long time to
dispose of the matter if St. Bds & municipalities are to be
consulted. I would suggest that the Standing Committee
of the R.A. & the L.C. for Public Health maybe
consulted. If this is agreed, the J.S. proposition
be circulated among the members & an early meeting
arranged for

First member

RB
28/7

WS
28/7

15) Mr. S. (Spt. Sect)
may scrutinise these
proposals & note
whether they are in
sheet & inform in TB
the two Acts & rules
or any change necessary.

see
30/7/27

RB
18
WS
1/8

NOTE—Contn. sheet

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(6) The Sanitary Commissioner has made the following proposals in his letter forwarding the rules and these ^{may} ~~will~~ be considered first:-

(1) The District Sanitary Officer to be nominated member of the District Board.

(2) The District Board to appoint the District Sanitary Officer as the convener of the public -- health committee.

(3) The District Sanitary Officer to be entrusted with the work of compilation of vital and -- vaccination statistics.

(4) The District Board to be required to place vaccinators under the disciplinary control of the District Sanitary Officer.

(5) The District Board to be required to bear a moiety of the Travelling Allowance of the District Sanitary Officer and the contingencies of his office.

(6) Where the District medical officer is ex-officio Sanitary Officer of the District, the District Board to be required to provide him with a clerk and a peon.

(7) ~~With regard to~~ Proposal No. 1 ~~in~~ ^{with} regard to the nomination of the District Sanitary Officer as a member of the District Board, it is not feasible as all the District Boards have already been recently constituted. The question was fully considered -- at the time of the constitution of the Boards under the new Regulation and Govt. came to the conclusion that it was not necessary to have the District --

NOTE—Contn. sheet

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Sanitary or Medical officer as an ex-officio ~~member~~ member of the District Board.

(8) The 2nd proposal, namely, appointing the ~~Rt~~ District Sanitary Officer as the convener of the public health committee is opposed to Secn. 33 of the District Boards Regulation. Under this Secn. it is the District Board that has to appoint the public health committee and it may ^{not} choose to have the District medical and Sanitary Officers on the committee. The Secn. also provides for the -- Board appointing the Medical and the Sanitary -- officers of the District as members of the ~~commit~~ committee. It may, however, be expected that the District Board would appoint ^{the} District Sanitary ^{or Medical} Officer as a member of the ~~the~~ public health --- committee.. Under Secn. 29 of the District Boards Regulation the District Board may make rules with respect to the appointment, powers and proceedings of committees, and generally with respect to the transactions of the business thereat. *The chairman has to be appointed by the D. Bd.*

(9) With regard to the 3rd proposal that the - District Sanitary Officer should compile the vital and vaccination statistics, it appears desirable - to make the Deputy Commissioner responsible for the compilation of vital statistics. The District Sanitary Officer may supervise the ^{compilation of} statistics done in the Deputy Commissioner's Office. As regards vaccination statistics, it may be noted that ~~it is~~ ^{vaccination} ~~work~~ under the control of the District Boards ~~work~~ - in the rural parts and ^{under} of the Municipal Councils

NOTE—Contn. sheet.

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in Municipalities. If the District Sanitary -
Officer's establishment can attend to the work
of compilation of the vaccination statistics
there is no objection to entrust the work to ~~this~~
his establishment. It would, however be consistent
with the duties ~~devolving~~ *imposed on* the District Boards to
require them to compile the statistics for the -
District and submit the consolidated statistics
to the District Sanitary officer.

20) The 4th proposal in regard to the placing of
the vaccinators in rural parts under the disci-
plinary ~~control of~~ *AT San'y* Health Officers is not consistent
with the scheme of development of Local Self Govt.
The District Boards pay for the vaccination --
establishment and the District Board should have
full disciplinary control over it.

21) As regards *the* 5th proposal that the ~~power~~ Boards
may be required to bear a moiety of the Travelling
Allowance of the District Sanitary Officer and his
office contingencies, there does not appear to be
any justification for such a demand as the func-
tions of the District Sanitary Officer are purely
advisory. There is no provision in the Regulation
under which Govt. can compel the District Boards
to meet such charges. *The AT Bds are being ad-
dressed in the matter separately.*

22) With regard to 6th and last proposal, namely,
that the District Boards should be required to --
provide the District Sanitary Officer with a clerk
and a peon is also inconsistent with the provision
of the District Boards Regulations *as the functions
of the AT Sanitary officer are merely
advisory.*

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23) Next as regards the rules proposed for defining the functions of the ~~District~~ Sanitary Officers (District Sany. Officers and the ~~two~~ sets of rules have been proposed, one for the other for the District Medical Officers who are ex-officio Sany. officers of the District. The need for two sets of rules is not apparent as the rules relate only to the functions of the ^{District or Medical} Sanitary Officer so far as the Sanitation of the District is concerned. As regards the functions of the District ^{Sanitary} Health ^{or Health} Officer 15 rules have been ^{proposed} prepared. These rules ^{are} will now be scrutinised below.

24) Rule 1 is defective in that it does not say to whom the District Health officer will be the adviser. This point is to be made clear.

25) Rules 2 and 4 do not lay down any functions. They may perhaps remain as they relate to the power of the Dt. Sany. Officer.

26) Rule 5 is ^{not consistent with the policy adopted} ~~ultra vires~~ of the District Boards ^{in constituting the new District Boards} Regulation as already explained in para 17 of the notes above.

27) Rule 8 prescribes the duties of the District Sanitary Officer and among the duties the following are included:-

- (i) Supervision of vaccination.
- (ii) Control of epidemics including inoculations
- (iii) Sanitation of jattras.

The exact work to be done by the Sanitary Officer in regard to these ^{functions} items may ~~perhaps~~ be defined more clearly so as not to clash with the functions of the Dt. Sds. and Municipal Councils.

NOTE—Contn. sheet

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- 28) Rules 9 and 10 are ^{un-}necessary as they do not relate to any function of the District Sanitary Officers. The scale of the establishment to be provided ^{has to} ~~may~~ depend upon the orders of Govt. to be issued from time to time. It is unnecessary for the Govt. to bind themselves ^{by} ~~in~~ a rule such as one proposed by the Sanitary Commissioner. As regards the powers of the District Sanitary officers and the Deputy Commissioner in regard to the disciplinary control of the office establishment, no rule is necessary, ~~and~~ the matter may be disposed off by a separate Govt. Order. It is a point for consideration whether it is ~~admissible~~ ^{advisable} to give any powers in this respect to the Deputy Commissioner. The rule is not quite definite ~~in~~ ^{as to} that it ~~is~~ ^{does} not specify ^{the authority competent to} ~~as to who should~~ appoint the members of the establishment and ~~who should~~ ^{to} grant ^{them} leave.
- 29) Rule 12 relates to the powers of the District Sanitary Officers over the vaccinators and is ultra vires for reasons detailed in para 20 of the notes above. Reference in this rule to vaccinators employed by Panchayets is not necessary as it is the duty of the District Board to provide for ^{et} vaccinators in the District and no Village Panchayat is required to employ any vaccinator. Even if ~~the~~ Panchayet appoints a vaccinator, the control ~~over~~ over such vaccinator must vest in the Panchayet.
- 30) Rule 13. As regards the rule 13, kind reference is invited to the notes in para 19 above.

NOTE—Contn. sheet

Serial
No.

31) With regard to rule 15, it will not be necessary to send the vaccination monthly return -- through the President of the District Board if the suggestions made in para 19 of the note above is to be accepted. As regards review of vital statistics it has been since ordered in ~~G.O. No. 22~~ ~~W.D. 89-106/~~ ~~1-27-18~~ ~~6.7.1927~~, that ~~each~~ ^{the} review should be made quarterly instead of half yearly.

32) With regard to sanitary functions of the District Medical Officers who are ex-officio - Sanitary Officers of the District, 10 rules have been proposed. ¹¹²³⁾ rule 1 states that he will be Sanitary Adviser to the President of the Dt. Bd. and that he will be a member of the Dt. Bd. and chairman of the public health committee. This provision may be deleted. Kind reference in this connection is also invited to paras 17 and 18 above. There is no objection to the rule specifying that the District Sanitary Officer shall furnish his advice to the President or to the District Board whenever such advice is sought, but such a provision would be superfluous as Secn. 35 of the Dt. Boards' Regulation provides for furnishing the advice by the District Medical and Sanitary Officer whenever desired by the District Board or a -- committee thereof.

34) Rule 2 is not self-contained and it is vague ~~and may be made clear~~
~~It may be either omitted or made more clear.~~
~~The exact position of the Sanitary Officer~~
~~with regard to control of epidemics~~
~~may be clearly defined.~~

NOTE—Contn. sheet

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35) Rule 3 makes the District Health Officer responsible for control of epidemics and is inconsistent with his functions, which are purely advisory. The local bodies must be responsible for promptly adopting in consultation with the District Sanitary or Medical Officer all measures necessary to control and combat epidemics. As rule 1 and Secn. 35 of the Dt. Bds. Regulation provide for ~~the~~ giving ^{of} the advice by the District Sanitary or Medical officers, the proposed rule No.3 appears unnecessary. If the rule is intended to define any matter not specifically mentioned in the said rule or Secn. it may be made clear. ~~Rule 6 requires~~ 36). Rule 6 requires the District ~~the District~~ Medical Officer to render such assistance as the President of the District Board may require in the compilation of vital statistics, vaccination returns and other reports and returns, may lead to friction between the President and the District Medical Officer. Under Secn. 45 of the Mysore Dt. Bds. Regulation, registration of births and deaths is ^{an} optional function of the District Board, and ^{it} is unsafe to depend on the District Bds. for a proper and efficient compilation of vital statistics. ~~The~~ Vaccination being an obligatory duty of the Dt. Bds. the compilation of the vaccination returns will have to be attended to by the District Boards as already noted in the para 19. The rule may be omitted as provision for giving assistance to District Boards has been made in Section 35 of the Mysore Dt Bds' Regn.

NOTE—Contn. sheet

General and Revenue
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~~Secn. 35 of the Regulation.~~ ³⁷⁾ Rule 7 requires the District Medical Officer to make inspections when required by President of District Boards and this provision requires modification. It would be well if the requisitions are sent to the Deputy Commissioner and the inspections are required to be made under the orders of the -- Deputy Commissioner.

38) Rule 9 states that ~~that~~ a clerk and a peon ^{and} will be provided by the District Board ^{is ultra vires} for reasons stated in para 22 above.

39) Rule 10 is unnecessary as it does not define any sanitary functions of the District Medical Officer. It is ~~in~~expedient to bind the Govt. by a rule to give an allowance to these officers ^{in allowance} as ~~it~~ should depend on the pleasure of the Govt.

40) Subd with ref to para 15.

6/8/27

First Member
Hrd Ass H Secy. G. M. Br)

40) C. W. please
very wr
18/8
10/8

41) The note prepared in the Special Section is all right in so far as the District Board Regulation and the rules there-under are concerned. The District Board Regulation did not perhaps contemplate the appointments of the -- District Health Officer and the duties assigned to him, as no such appointment existed at the time. Now that the appointment has been revived in some districts and is likely to be extended

NOTE—Contn. sheet

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to the whole State and special officers for the purpose are being trained in America, it is -- desirable to take into consideration as to how best their services could be made available to all the people in Villages, towns and Cities alike so that maximum advantages may be derived from these appointments.

(W) Looking at the present organisation of Local Self Government, we see that on one side is the Board, Village Panchayet, then the District/and for Urban areas we have got Municipal Councils. There -- appears to be no agency to coordinate their work and it is obviously impossible to grant each unit a responsible health officer. Thus Village Panchayets are under the Revenue Department, Municipalities under the Presidents and District Board is a separate agency. Services of a Health Officer should be made available to all these units and thus these officers should so to say, form the -- common factors to all these local organisations with a view to see that the resources of these bodies are not flittered away on any isolated items and wasted in measures not giving a satisfactory return. They can by their associations with all local bodies so arrange the expenditure on public Health and Sanitation of the local areas that the whole will tend to harmony and each will be supplanting the other. Thus as Health Assistants to the Deputy Commissioner, they can regulate the public Health activities of the Village Panchayets. If they are

NOTE—Contn. sheet.

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members of District Boards and Chairmen of Health Committees, large schemes of District utility -- fitting in with the other activities of the -- Village Panchayets may be arranged. Similarly, they should be given seats on major Municipal -- Councils. As they will be touring Officers, all these duties can be conveniently attached to them.

43) If this view of the situation is approved, it may be desirable to secure seats for District -- Health Officers on the District Boards and major Municipal, Councils and they should generally be chairmen of Public Health Committees and Health Assistants to the Deputy Commissioners. This may perhaps be secured by suitable modifications in the existing Regulation, if it is thought -- necessary.

10/11/27
16/8/27

44) For kind verbal before
submission to 1st member
(L Secy)

W.S.
16/8

W.S.
16/8

45) I think a good deal of the difficulty pointed out above is due to the ~~increase of~~ the present system of District Sanitary Officers working under the orders of the Deputy Commissioners, ~~is going to continue for some time.~~

This may be done
by ~~not~~ co-opting
them as members

NOTE—Contn. sheet.

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(16

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Serial
No.

46) I think that sooner or later, District Sanitary Officers should work under the Presidents of District Boards, just as Health Officers of Cities work under the orders of the Municipal Presidents. When this happens, several of the difficulties pointed out above will automatically disappear. So long as we have District Sanitary Officers some of whom are full-time officers and others ex-officio the present system has to go on, but as soon as we have separate Dt. Sany. Officers in all Districts, we may straightaway place them under District Board Presidents. This will mean the Deputy Commissioner in five districts and the non-official President in the other three districts.

(17) In the meantime, even under the present arrangement, if the District Sany. Officer -- whether full time or ex-officio -- is co-opted to the Public Health Committee and appointed its Chairman, the rules sent up by the Sanitary Commissioner can be fairly satisfactorily worked.

Mr S.S.
any remarks?
OK 2/8
R2/8
Agree rules with the modifications noted in the Routine note may perhaps work satisfactorily
9/9/27

2090
12/9
NOTE: Set at work plan do
13/9

Just Memo.

(18) Please make the necessary changes & submit, if seen, agree

R2
10/8

R2
9/9

1/10

13/9 9/8/14/9

(17)

Routine Notes.

[To be used only for notes, requisitions, etc., not intended for permanent record.]

Submitted.

Under the existing arrangement, the rules proposed by the Sanitary Commissioner ~~cannot~~ ^{may} be satisfactorily worked ^{with the changes} for the reasons detailed below:-

(1) With regard to 1st set of rules

These rules relate to functions of ~~At~~ Health officers. They may work satisfactorily ~~to some extent~~ if the following suggestions are adopted:-

Rule 2. The Health Officers may be subordinate to the President of the District Board instead of to the Deputy Commissioner. In fact, the change proposed practically a difference without any tinction. In the Shimoga and Kadur Districts the Deputy Commissioner now ^{be} happens to the President of the District Board also.

^{and 5}
Rules 4/ will be unnecessary ^{and may} ~~be deleted.~~

Rule 6. Tour programme may be submitted ^{to} ~~through~~ the President of the District Board.

Rule 9 and 10 are unnecessary and may be deleted.

Rule 11. For Deputy Commissioner President may be substituted.

Rule 12. This may be deleted. Power regarding punishment will have to be delegated by the District Board.

N.B.—Should routine notes be written on small slips, the notes ~~must~~ be copied, or slips pasted on this form

Routine Notes.

[To be used only for notes, requisitions, etc., not intended for permanent record.]

Rule 15. The reports and returns --
wherever they are submitted to the
Deputy Commissioner, may also be sent
to the President of the District Board.

IndSet of rules.

These relate to functions of --
~~officers~~ District Medical Officers who
are ex-officio Sanitary Officers of
the District.

Rule 1. The second sentence of this
rule may be deleted.

Rules 9 and 10 are unnecessary and
may be deleted.

JS
8/11/27

General and Revenue
Secretariat.

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of 1927.

Serial
No.

50) A revised list of functions
is subd for approx consideration
with ref. to paras 48 and 49

DS
19/9/27

51) These rules appear to me to be
suitable and may be appd. The may be
considered at a meeting of the Steering Com.
of the R.A. & L.C. for local def govt.

2440
21/9

First meeting

RG
21/9
21/9

52) we may have a meeting
in Dec.

RG
21/9

53)

for midol. fix date &
(bullet) & order
after discussion from
written reply.

RG
21/9

RG
21/9
21/9

Subd still 1500
out of 1927

21/9/27

54)

Subd. The meeting may be held
on Saturday 21/9 at 8.30 AM. If this is appd. Neen
intimation will be sent to all members
concerned

DS
20/10/27

General

RG
28/10

55)

I do not think any date

the 28th & will be confirmed. Perhaps 15/10
Dec. may be fixed.

First meeting

RG
29/10
29/10

NOTE—Contn. sheet.

55) This is a note for
all the members will
be very happy
(over)

3402
29/10

Further action about
history of meeting taken
separately. DS
21/10/28

Serial
No.

Extract from the Proceedings of the Standing
Committee for Local Self-Government, Medicine
and Public Health held on the 28th January 1928.

1. Draft rules about the functions of the Dis-
trict Health Officers and the District Medical
and Sanitary Officers.

58/ The draft rules were approved with the
addition of a note under Rule 10 and a new Rule
as 11 as noted below ;--

Note under rule 10. Copies of statistics and
reports relating to Municipalities should also
be furnished simultaneously to the Presidents
concerned.

Rule II. The Health Officers of important loca-
lities such as Bangalore City, Mysore City and
the K.G.F. are expected to keep themselves in-
formed of the first occurrence of any epidemic
disease in the area under their control as also
of any increase of mortality and should keep the
Sanitary Commissioner informed daily of the
preventive measures taken by them.

107
16/4/28

59/ A revised set of draft rules
+ a draft fr. are subd.

107 K.D. 60/ may be subd (first
member through new set for
17/4/28 final approval.

glossing.

107
18/11

5314927
p 87

8714

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General and Revenue
Secretariat.

San

File No.

3

of 1927

7

(21)

Serial
No.

61)

Please put up a ~~very~~ draft clearly typed
R3
22/4
J. S. R. S.

62) Typed draft submitted. Rule 7
of the rules relating to Shatten's
duties ~~is not~~ does not seem to be
well worded. This will be modified as
follows, if approved:-

"He shall submit a fortnightly diary
to the President, District Board & copies
to the Dy. Commissioner & to the Sanitary
Commissioner on or before the 20th
~~of the month~~ for the first fortnight and
~~on or before~~ of a month and on
a before the 5th of the following month
for the second fortnight: ^{separate} reports
should be submitted in respect of
items requiring special attention."

dm

Typed draft is filed

Rules as attd.
by the St. Com for P.H. &
R3
28/4/28

27/4/28

KD

28/4 (see)

63)

X For final app.
First mem to the
Law Secy. ✓

R3

28/4

8978

1/5

NOTE—Contn. sheet

65)

2/5/28

R3

64)

28/11

J. S. R. S.

8714

✓

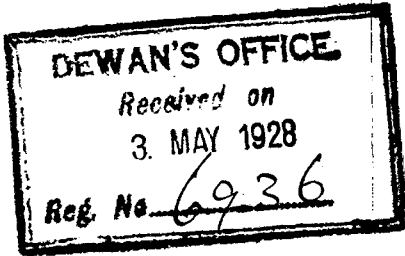
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General and Revenue
Secretariat.

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Serial
No.

66



For perusal before issuing

Dewan

Rz
2/5/28Rz
3/5Mr4-5-28

Rz

Rz
7/5/28Rz
7/5

2 50

The Sanitary Commr

The Dep. & Secy

The Presidents & M.B.s.

The Comptroller to Govt

No 9 12618-35 dt 11.5.1928

Approves & the rules defining

the duties & the District Health
Officers and the M. Medical and
Sanitary officers.

Premises

Jc
Kd 15/5/28

B

Kd 15/5/28

NOTE—Contn. sheet

26/5/28

SUBJECT.....

Diary No. of letter replied to.....

7748

Section

San

File No.

Serial No

No. 9/0677

General and Revenue Secretariat

the

192

To

Mr. Santary Com

Sw

Date of issue.....

1/4/27

Signed by.....

Mr. M.S

List of enclosures.....

Copied by.....

Examined by.....

I am directed to state that as the District Boards & Panchayats are independent bodies, for Councils that it is necessary to define in some detail the functions of the Health Officers & also to indicate the officers who should perform these functions in districts where there are no Health Officers. Draft rules over

my

his ~~trust~~ - behalf ^{possibly} maybe -
informed for the consideration of
out

I have che -

~~all~~ / on by to 1 out

1/3/7

1/3/7

No. C. 809-2

Enc. one

Office of the Sanitary Commissioner
with the Government of Mysore,

Bangalore, dated the 9th July 1927.

From

B. Mahomed Usmon, Esq., L.M. & S.,
Sanitary Commissioner with the Government of
His Highness the Maharaja of Mysore, Bangalore.

To

K. Ranga Rao, Esq., B.A., B.L.,
General Secretary to the Government of
His Highness the Maharaja of Mysore, Bangalore.

Sir,

With reference to your letter No. G. 12227/San.
dated the 19th May 1927, I have the honor to submit here-
with for the approval of Government, draft rules defining
the functions of District Sanitary and District Medical
and Sanitary Officers.

There are two agencies at work in a District - the
District Board and the Village Panchayets. There are,
besides, Municipalities which are independent of either.
The Government Order sanctioning the re-organisation of
the Public Health Department lays down that the District
Sanitary Officer should be subordinate to the Deputy Com-
missioner and work under his instructions. It would be
(. desirable to nominate the District Sanitary Officer as a
member of the District Board, and the District Board appoint
2 him as convener of its Public Health Committee. This would
facilitate work and give some importance to Public Health
activities in the district and avoid friction.

3. It would also be desirable to entrust the District
Health Officer with the work of compilation of Vital and
Vaccination Statistics.

To make vaccination work in the district efficient,

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FUNCTIONS OF THE DISTRICT HEALTH OFFICER.

The District Health Officer:-

- 1) Adviser in all matters pertaining to Sanitation and Vaccination and Public Health in the district.
- 2) Subordinate to the Deputy Commissioner in all administrative matters and to the Sanitary Commissioner in all technical and professional matters.
- 3) He may correspond directly with the Sanitary Commissioner on all purely professional matters, on others through the Deputy Commissioner. This does not preclude him from Demi-Official correspondence, whereby work may be expedited.
- 4) He may receive for opinion papers direct from the President, District Board and return them direct.
- 5) He will be a nominated member of the District Board and shall be the convener of the Public Health Committee of that body.
- 6) He will submit to the Deputy Commissioner on or before the 15th of every month a provisional tour programme for the following month. He will make provision for at least 20 days tour in a month. He will make ~~provision~~ submit copies of the programme to the Sanitary Commissioner and to the President of the District Board.
- 7) His tour programme should be so planned that he should be able to effectively check in the course of the year at least 30 per cent of the primary cases of each vaccinator. At least 50 per cent of the places visited should be interior villages.
- 8) The following amongst other duties as the Sanitary adviser in the district, will claim attention of the District Health Officer:-

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1. Supervision of Vaccination.
2. Control of epidemics including inoculations.
3. Sanitation of Jatras.
4. Selection of suitable sites for village extensions or shifting of villages.
5. Examination of water supplies regarding their suitability for drinking.
6. Medical inspection of schools.
7. Health propoganda work.
8. Supervision of Vital Statistics.

9) He shall have his office fixed up for him by the Deputy Commissioner.

He shall be provided with the following establishment.

Clerk	...	Rs 20-1-30.
Peon	1	... " 15/-
Peon	1	... " 12/-

9) He shall have full disciplinary control over this office establishment but in the case of dismissal, he should obtain previous sanction of the Deputy Commissioner.

10) He shall submit a fortnightly diary to the Deputy Commissioner and copy to the Sanitary Commissioner, on or before the 20th of the month, for the fortnight ending 15th of the month and on or before the 5th of the following month for the fortnight ending the 28th February, 31st or 30th of other months of the year. Any things which require special attention should be submitted as special reports.

11) He will exercise disciplinary control over all the vaccinators and is empowered to transfer them within the district, suspend or fine them up to Rs 5/-. Punishment involving dismissal or fine of over rupees 5 shall be inflicted only with the previous sanction of the President, District Board in the case of the District Board vaccinators and that of the Deputy Commissioner

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Commissioner in the case of vaccinators employed by the Panchayets.

13) He will be responsible for the compilation of Vital Statistics and Vaccination returns of the District and for their timely submission to the Sanitary Commissioner.

14) When he inspects a Municipality, he should submit copies of his report, within a fortnight of his inspection to the President of the Municipal Council and to the President of the District Board and to the ^{Sanitary} Commissioner. The reports should embody the principal defects noticed with suggestions for remedying them. He is expected to visit all the Municipalities of the district at least once a year.

15) The following amongst others are the routine reports and returns to be prepared by him and submitted ^{by him} to the ^{Sanitary} ~~Deputy Commissioner~~ and Sanitary Commissioner.

gr — (Daily, weekly, fortnightly, monthly, half-yearly and annual.

Daily.	Report of epidemics in the district.	To the Deputy Commissioner and copy to Sanitary Commissioner.
Weekly.	Inoculation returns.	-do- - do - before the end of the week following.
Monthly.	Vaccination returns and Mortuary returns.	To the Sanitary Commissioner. Thro: The President, District Board.
~~Half~~ yearly.	Review of Vital Statistics.	To the President, District Board and Sanitary Commissioner.
Annual.	Report on health conditions and Vital Statistics in the district during the year. Report on vaccination.	To the Sanitary Commissioner Deputy Commissioner and President, District Board. Before the end of February of the following year.

27 Separate Page
607 District Medical and Sanitary Officer:-

1) Where there is no District Health Officers but only a District Medical and Sanitary Officer he will be sanitary adviser to the Deputy Commissioner and the President, District

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District Board. (He will be a member of the District Board and the Chairman of its Public Health Committee.) 9

2) The rules as to itineration and inspections will not apply in his case but it is expected that he will meet the health demands of the district to the extent that his energy and talent permit.

3) He shall, however, be held responsible for the control of epidemics and promptly adopt in consultation with the President of the District Board and the Deputy Commissioner all measures necessary to control and combat the disease.

4) He will submit to the Sanitary Commissioner prompt reports of out-breaks of epidemics and the measures adopted to combat them.

5) He will undertake such investigation and other work as he may be directed to do by the Sanitary Commissioner and submit periodically progress reports of the work done.

6) He will render such assistance as may be required of him by the President of the District Board in the compilation of Vital Statistics, Vaccination returns and other reports and returns relating to public health.

7) He will do inspections if required to do so by the President of the District Board or the Deputy Commissioner and submit to them his reports.

8) He will submit to the Sanitary Commissioner fortnightly diaries as laid down for the District Health Officer.

9) He will be given a clerk and a peon by the District Board.

10) He will be given an allowance of Rs 50/- per mensem for attending to sanitary and epidemic duties in the district.

M. M. M. M. M.

Sanitary Commissioner, T.G.

A.R.

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Proceedings of the Government of
H.H. the Maharaja of Mysore.

Read:-

Letter No. C. 809-2 dated the 9th July 1927 from the Sanitary Commissioner in Mysore forwarding for approval draft rules defining the duties of the District Health Officers and the District Medical and Sanitary Officers.

Order No. 9/26/8-35

Dated, Bangalore, the 11th May ~~April~~ 28.

The rules as revised and approved by the Standing Committee of the R.A., and L.C., for L.S.G., and departments of Medicine, Public Health etc., are approved and appended to this order.

R3
28/4/28

General Secretary to Govt.

To

- The Sanitary Commissioner in Mysore.
- " Deputy Commissioners of Districts.
- " Presidents of District Boards.
- " Comptroller to Government.

Copy to L.S.G. Branch.

done
27/6/28

Duties etc.~~FUNCTIONS~~ OF THE DISTRICT HEALTH OFFICER.

1. He will be the adviser in all matters pertaining to sanitation and vaccination and public health in the District.

2. He will be subordinate to the President of the District Board in all administrative matters and to the Sanitary Commissioner in all technical and professional matters. He will be subordinate to the Deputy Commissioner in all matters relating to the Health Problems of the Village Panchayets.

3. He may correspond directly with the Sanitary Commissioner on all purely professional matters and through the President of the District Board or the Deputy Commissioner as the case may be on other matters. This does not preclude him from carrying ~~him~~ on demi-official correspondence whereby work may be expedited.

4. He will submit to the Deputy Commissioner and to the President of the District Board on or before the 15th of every month a provisional tour programme for the following month. He will make provision for at least 20 days' tour in a month. He will submit copies of the programme to the Sanitary Commissioner.

5. His tour programme should be so planned that he should be able to effectively check in the course of the year at least 30 per cent of the primary cases of each vaccinator. At

least 50 per cent of the places visited should be interior villages.

6. The following, amongst other duties as the Sanitary Adviser in the District, shall claim the attention of the District Health Officer:-

- (1) Supervision of vaccination.
- (2) Control of epidemics including inoculations.
- (3) Sanitary arrangements on the occasion of Jattras.
- (4) Selection of suitable sites for village extensions or shifting of villages.
- (5) Examination of water supplies regarding their suitability for drinking.
- (6) Medical inspection of schools.
- (7) Health propaganda work.
- (8) Supervision of Vital Statistics.

7. He shall submit a fortnightly diary, to the President, District Board, and copies ^{thereof} to the Deputy Commissioner and to the Sanitary Commissioner, on or before the 20th of the month ~~and~~ ^{for the fortnight ending the 15th of the month, and} on or before the 5th of the following month for the fortnight ending the ~~25th February, 31st or 30th, of other months of the year.~~ ^{last day of the month} ~~Special reports~~ ^{Any thing} ~~which require special attention should be~~ ^{should be submitted on matters requiring special} ~~submitted as a special report.~~ ^{attention}

8. He will be responsible for the compilation of Vital Statistics and Vaccination returns of the District and for their timely submission to the Sanitary Commissioner.

9. When he inspects a Municipality, he should submit copies of his report, within a fortnight of his inspection to the President

of the District Board, Deputy Commissioner, and Sanitary Commissioner. The reports should embody the principal defects noticed with suggestions for remedying them. He is expected to visit all the Municipalities of the District at least once a year.

10. The following amongst others are the routine reports and returns to be prepared and submitted by him:-

Daily.	Report of epidemics in the District.	To the Deputy Commissioner and to the President, District Board and copy to Sanitary Commissioner.
Weekly.	Inoculation returns.	do. do. before the end of the week following.
Monthly.	Vaccination returns and Mortuary returns.	To the Sanitary Commissioner, through the President, District Board.
Quarterly.	Review of Vital Statistics.	To the President, District Board, Deputy Commissioner and Sanitary Commissioner
Annual.	(1) Report on health conditions and Vital Statistics in the District during the year. (2) Report on Vaccination.	To the Sanitary Commissioner, Deputy Commissioner and President, District Board. (Before the end of February of the following year)

Note to Rule 10.

Copies of Statistics and reports relating to Municipalities should also be furnished simultaneously to the Presidents concerned.

~~Note to Rule 11.~~

11. The Health Officers of important localities such as Bangalore City, Mysore City and the Kolar Gold Fields are expected to keep themselves

informed of the first occurrence of any epidemic disease in the area under their control as also of any increase of mortality and should keep the Sanitary Commissioner informed daily of the preventive measures taken by them.

Duties etc.

~~FUNCTIONS~~ OF THE DISTRICT MEDICAL AND
SANITARY OFFICER.

1. Where there is no separate District Health Officer, the District Medical Officer will be ex-officio Health Officer and Sanitary Adviser to the Deputy Commissioner and the President, District Board.

2. The rules as to itineration and inspections will not apply in his case but it is expected that he will meet the health demands of the district to the extent that his energy and talent permit.

3. He will be responsible for the control of epidemics and he shall promptly adopt in consultation with the President, of the District Board and the Deputy Commissioner all measures necessary to control and combat the diseases.

4. He will submit to the Sanitary Commissioner prompt reports of out-breaks of epidemics and the measures adopted to combat them.

5. He will undertake such investigation and other work as he may be directed to do by the Sanitary Commissioner and submit periodically progress reports of the work done.

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5.

6. He will render such assistance as may be required of him by the Deputy Commissioner or the President of the District Board in the compilation of Vital Statistics, Vaccination returns and other reports and returns relating to public health.

7. He will do inspections, if required to do so, by the President of the District Board or the Deputy Commissioner, and submit to them his reports.

8. He will submit to the Sanitary Commissioner, fortnightly diaries as laid down for the District Health Officer.

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**Government of His Highness the Maharaja
of Mysore.**

GENERAL AND REVENUE DEPARTMENTS.

G. O. No. G. 12618-35—Sany. 3-27-2, dated 11th May 1928.

District Health Officers and District Medical and Sanitary Officers.

Defines the duties of the ———.

READ—

Letter No. C. 809-2, dated the 9th July 1927, from the Sanitary Commissioner in Mysore, forwarding for approval, draft rules defining the duties of the District Health Officers and the District Medical and Sanitary Officers.

ORDER NO. G. 12618-35—SANY. 3-27-2, DATED 11TH MAY 1928.

The rules as revised and approved by the Standing Committee, of the Representative Assembly and Legislative Council for Local Self-Government, and Departments of Medicine, Public Health, etc., are approved and appended to this order.

R. RANGA RAO,
General Secretary to Government.

To—The Sanitary Commissioner in Mysore.
The Deputy Commissioners of Districts.
The Presidents of District Boards.
The Comptroller to Government.

Exd.—P.S.R.N.

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No. G. 12618-35—SANY. 3-27-2, DATED 11TH MAY 1928.

ANNEXURE.**DUTIES, ETC., OF THE DISTRICT HEALTH OFFICER.**

1. He will be the adviser in all matters pertaining to sanitation and vaccination and public health in the District.

2. He will be subordinate to the President of the District Board in all administrative matters and to the Sanitary Commissioner in all technical and professional matters. He will be subordinate to the Deputy Commissioner in all matters relating to the Health Problems of the Village Panchayets.

3. He may correspond directly with the Sanitary Commissioner on all purely professional matters and through the President of the District Board or the Deputy Commissioner as the case may be on other matters. This does not preclude him from carrying on demi-official correspondence whereby work may be expedited.

4. He will submit to the Deputy Commissioner and to the President of the District Board on or before the 15th of every month a provisional tour programme for the following month. He will make provision for at least twenty days' tour in a month. He will submit copies of the programme to the Sanitary Commissioner.

5. His tour programme should be so planned that he should be able to effectively check in the course of the year at least 30 per cent of the primary cases of each vaccinator. At least 50 per cent of the places visited should be interior villages.

6. The following, amongst other duties as the Sanitary Adviser in the District, shall claim the attention of the District Health Officer:—

- | | |
|---|---|
| (1) Supervision of vaccination. | (2) Control of epidemics including inoculations. |
| (3) Sanitary arrangements on the occasion of Jattras. | (4) Selection of suitable sites for village extensions or shifting of villages. |
| (5) Examination of water supplies regarding their suitability for drinking. | (6) Medical inspection of schools. |
| (7) Health propaganda work. | (8) Supervision of Vital Statistics. |

7. He shall submit a fortnightly diary, to the President, District Board, and copies thereof to the Deputy Commissioner and to the Sanitary Commissioner, on or before the 20th of the month for the fortnight ending the 15th of the month, and on or before the 5th of the following month for the fortnight ending the last day of the month. Special reports should be submitted on matters requiring special attention.

8. He will be responsible for the compilation of Vital Statistics and vaccination returns of the District and for their timely submission to the Sanitary Commissioner.

9. When he inspects a Municipality, he should submit copies of his report, within a fortnight of his inspection to the President of the District Board, Deputy Commissioner and Sanitary Commissioner. The report should embody the principal defects noticed with suggestions for remedying them. He is expected to visit all the Municipalities of the District at least once a year.

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NO. G. 12618-35—SANY. 3-27-2, DATED 11TH MAY 1928.

DUTIES, ETC., OF THE DISTRICT MEDICAL AND
SANITARY OFFICER.

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4. He will submit to the Sanitary Commissioner prompt reports of out-breaks of epidemics and the measures adopted to combat them.
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8. He will submit to the Sanitary Commissioner fortnightly diaries as laid down for the District Health Officer.